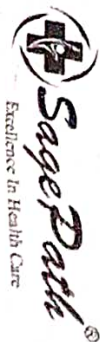




TEST REQUISITION FORM (TRF)



SPL CODE : 844015 Ro Patho Lo

Date :

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	MR. PUSPADEVI	45/F	Biopsy Large	Tissue				MATHADEVI Hegde
2.								
3.								
4.								
5.								

202

महादेव

सुपर स्पेशलिटी
हॉस्पिटल

व्यापार विहार रोड, विलासपुर (छ.ग.)
फोन : 07752 415285, 406006

!! कर्मचारी आप हैं अहमोल !!

An ISO 9001:2015 Certified Hospital

PATHOLOGY TEST REQUISITION FORM

NAME : Kushp lata Saha AGE : 45 SEX : F

REF. BY : Dr. Nishant Singh RECEIVING DATE : 18/9/21

PREVIOUS BIOPSY OR CYTOLOGY : () NO () YES

IF YES, PLEASE MENTION DETAILS:

uterus to ovary & cervix

PREVIOUS PATHOLOGICAL DIAGNOSIS :

RELEVANT INFORMATION : (Clinical, Radiological, Biochemical & others)

CLINICAL DIAGNOSIS:

NATURE OF SPECIMEN:

Q